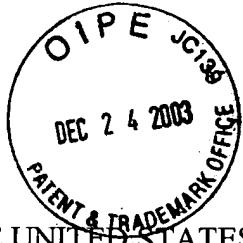


01143.006000.US

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
PHILIPPE VIAROUGE ET AL.) : Examiner: A.T. Mai
Application No.: 10/070,750) : TC/Art Unit: 2832
Filed: July 19, 2002) :
For: POWER TRANSFORMERS AND)
POWER INDUCTORS FOR LOW-) :
FREQUENCY APPLICATIONS USING) :
ISOTROPIC MATERIAL WITH HIGH) :
POWER-TO-WEIGHT RATIO) :
(as amended) : Date: December 23, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated September 25, 2003, the Examiner is respectfully requested to amend the above-identified application as follows:

Image 11

2832
✓

In re Application of:

PHILIPPE VIAROUGE ET AL.

Application No.: 10/070,750

Filed: July 19, 2002

For: POWER TRANSFORMERS AND POWER
INDUCTORS FOR LOW-FREQUENCY
APPLICATIONS USING ISOTROPIC
MATERIAL WITH HIGH POWER-TO-
WEIGHT RATIO (as amended)

Docket No. 01143.006000.US

Examiner: A.T. Mai

TC/Art Unit: 2832

Date: December 23, 2003

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 33	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.

A check in the amount of \$180.00 to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
LOCK SEE YU-JAHN
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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